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CONFIRMATION NO. 3615

SERIAL NUMBER 10/802,289	FILING DATE 03/17/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 7175-74605
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/455,621 03/18/2003  
 and claims benefit of 60/510,756 10/13/2003

O.K RS

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none RS

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/03/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IN	8	29	6
Verified and Acknowledged	<i>R. C. S.</i> Examiner's Signature Initials				

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## TITLE

Patient care equipment management system

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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